REPORT NO. 3 Form 576 A (Rev. 2/97)					
SCO USE ONLY	Adjustmo	ents to	Controller's	Accounts	
Document No. C C Y Y M M D D Fund Agy	U				
	June 30, 20				
$\mathbf{B}_{\!\scriptscriptstyle{1}}$				Page c	of
Agency (name and number)	Fund (name and number))			
Name of Contact Person (Please Type or Print) Title			Telephone Number		
I certify (or declare) under penalty of perjury that the data on the attached statements	is true and correct; and tha	nt I have not vie	olated any of the provision	ons of Article 4, Chapter 1,	
Division 4, Title 1, Government Code (commencing with Section 1090).					
Subscribed and executed this day of		, at		, California	1.
AUTHODIZED CICNATUDE					
AUTHORIZED SIGNATURE					
					D
ACCOUNT TITLE		ACCO	UNT	AMOUNT	С
		1 1 1			
			Net Debits / Credits		
			.tet Debits / Gredits		

^{*} Specify the fund to which this pertains.